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PARTS OF APPLICATION FILED SEPARATELY				Applications Examiner		
NOTICE OF ALLOWANCE MAILED				CLAIMS ALLOWED		
			Total Claims	Print (Claim	
		Assistant Examiner				
ISSUE FEE			DRAWING			
Amount Due	Date Paid		Sheets Drwg.	Figs. Drwg.	Print Fig.	
Label Area		Primary Examiner	ISSUE BATCH NUMBER		1	
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STATE OR SHEETS COUNTRY DRWGS TOTAL CLAIMS INDEP

FILING FEE RECEIVED ATTORNEY'S DOCKET NO

| no

AS FILED

yes yes

Verified and Acknowledged Examiner's initials

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